Washington Statewide Catalog Intent to Participate

Date	Phone
Signature of individual authorized to make t	this commitment Print name and title
Library Name	
library holdings throughout the We further understand that part	we will have access to the Washington Statewide Catalog of state, and other advantages as described in the project materials. ticipating in this project does not require our library to change its except as needed to comply with standard OCLC membership
We understand that by checking Box No. 1 above, we are agreeing to purchase Cataloging and ILL (Resource Sharing) services and a WorldCat subscription from OCLC. We will be invoiced by OCLC for these services. The cost for these services will be equivalent to existing costs (for libraries already subscribing to these services) or will be based on an estimate provided by OCLC and the State Library.	
	participate in the Washington Statewide Catalog Project. Please ain the concerns that led to this decision.
•	o participate, but in a later phase of the project, not initially. The ibrary when implementing subsequent phases of the project.
2. YES my library intends to	

Return completed, signed form by August 15, 2007.

Fax to: 360-586-7575
Or mail to: Will Stuivenga
Washington Statewide Catalog Project
Washington State Library
P.O. Box 42460
Olympia, WA 98504